



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

The Honorable Edward J. Kasemeyer
Chair, Budget and Taxation Committee
3 West, Miller Senate Building
Annapolis, MD 21401

The Honorable Norman H. Conway
Chair, Appropriations Committee
Room 121, House Office Building
Annapolis, MD 21401

RE: 2010 Joint Chairmen's Report, page 80 M00F02.07 - Local Health Department Funding

Dear Chair Kasemeyer and Chair Conway:

Pursuant to page 80 of the Joint Chairmen's Report of 2010, the Department of Health and Mental Hygiene (DHMH), in conjunction with the local health departments, respectfully submits this report on the use of State funds by the local health departments in fiscal years 2010 and 2011, as well as on the programmatic and budgetary changes made by local health departments in response to cost containment measures. We hereby request the release of the \$100,000 general fund appropriation being withheld pending the review and comment on this report by the budget committees.

Thank you for your interest in this issue. If you have any additional questions, please call Ms. Wynee Hawk, Director, Office of Governmental Affairs, DHMH, at 410-767-6481.

Sincerely,

Joshua M. Sharfstein
Secretary

Enclosure

cc: Appropriations Committee members
Budget and Taxation Committee members
Ms. Frances Phillips, Deputy Secretary for Public Health Services, DHMH
Ms. Heather Hauck, Director, IDEHA, DHMH
Ms. Wynee Hawk, Director, Office of Governmental Affairs, DHMH
Ms. Ginny Seyler, IDEHA Core Funding Program

Local Health Departments: Utilization of State Funds and
Programmatic and Budgetary Changes
Made in Response to Cost Containment Measures
Fiscal Years 2009 - 2011
(JCR 2010 page 80)

Report by
The Maryland Department of Health and Mental Hygiene
To
The Honorable Edward J. Kasemeyer
Acting Chair, Budget and Taxation Committee
3 West, Miller Senate Building
Annapolis, MD 21401

and
The Honorable Norman H. Conway
Chair, Appropriations Committee
Room 121, House Office Building
Annapolis, MD 21401-1912

Introduction

Local health departments (LHDs) in Maryland are governmental entities that derive their authority and responsibility from state and local laws. The National Association of County and City Health Officials (NACCHO) describe local health departments in this way: “Local health departments exist for the common good and are responsible for demonstrating strong leadership in the promotion of physical, behavioral, environmental, social, and economic conditions that improve health and well-being; prevent illness, disease, injury, and premature death; and eliminate health disparities.” Maryland law dictates that each of Maryland’s 24 local jurisdictions shall have a local health officer. Examples of services provided by Maryland local health departments are outbreak response; immunization; services to high risk pregnant women and children with special needs; school health services; well and septic inspections; animal control; family planning services; prevention and treatment of sexually transmitted infections; and mental health and substance abuse treatment.

Funding for Maryland’s local health departments is a combination of federal, state, and county funds as well as fee collections. The focus of this report is on reductions to the State-funded Core Local Health Services Funding program (Core Funding Program) and how budget reductions made in State fiscal years 2009, 2010 and 2011 have changed operations and services provided at the local level.

Background on the Core Funding Program

The current law governing the Core Funding Program, Health General §§ 2-301 - 305 which was enacted in 1995, provides a base amount of \$41 million in State General Funds for local health services for fiscal year 1997. The law states that an adjustment factor is to be applied to the base amount in subsequent years in order to provide increases over time. The adjustment factor is calculated by combining an inflation factor with a population growth factor. The amount is known as the formula adjustment.

The method of distribution of Core dollars to local jurisdictions is determined by the Secretary in consultation with the local health department directors. Regulations, most recently revised in 2007, guide the distribution. The current regulations state that “For each fiscal year, to the extent funds are appropriated and available, the distribution of the State match to each local health department shall, at a minimum, be equal to the amount of funding for core local health services distributed in the previous fiscal year.” The annual formula adjustment is distributed to each county based on community health need which is calculated by combining population factor with a health status factor. In addition, the law states that “a local match shall be required as a condition of any distribution to a subdivision.” The required local matching percentage may not exceed that required in fiscal year 1996.

Once the local health departments receive the State and local Core Funding Program amounts, they may allocate funding among the seven service areas as they choose. The seven service areas are delineated in the law as follows:

- Communicable disease control services;
- Environmental health services;
- Family planning services;

Maternal and child health services;
Wellness promotion services;
Adult health and geriatric services; and
Administration and communication services.

Recent Reductions to the Core Funding Program

As shown in the table below, three major reductions have been made to the Core Funding Program since the start of fiscal year 2009. The first was a reduction of \$1,769,072 in the fall of 2008. The next was a reduction of \$10 million which came late in fiscal year 2009. Lastly, there was a reduction of over \$20 million to the FY 2010 budget in August of 2009.

Reductions to Core Funding Program, FY 2009 – FY 2011

| Fiscal Year | Core Funding Original appropriation | Amount and date of reduction #1 | Amount and date of reduction #2 | Actual Expenditure |
|--------------------|--|--|--|---------------------------|
| | | | | |
| FY 2009 | \$73,253,355 | (\$1,769,072) Oct 2008 | (\$10,122,216) March 2009 | \$61,852,203* |
| FY2010 | \$61,852,203 | (\$20,075,723) Aug 2009 | -- | \$41,776,484 |
| FY 2011 | \$41,776,484 | -- | -- | -- |

* Figures do not add across due to internal adjustments

Requirements stated in 2010 JCR

Section M00F02.07 on page eighty of the 2010 Joint Chairmen's Report states that, *"provided that \$100,000 of this appropriation may not be expended until the Department of Health and Mental Hygiene, in conjunction with the local health departments, provides a report to the budget committees on the budgets of the 24 local health departments. Specifically, the report shall outline how State funds were used programmatically by the departments in fiscal 2010 and how they will be used in fiscal 2011. Lastly, the report shall describe programmatic and budgetary changes made in response to cost containment measures in fiscal 2010 and 2011. The report shall be submitted by January 1, 2011, and the budget committees shall have 45 days to review and comment. Funds restricted pending the receipt of the report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the budget committees.* Please find the required information below. The FY 2009 figures have been included in this report to provide additional perspective on the Core Funding reductions.

Budgetary Changes made in Response to Reductions to Core Funding Program

The budget reductions of fiscal years 2009, 2010 and 2011 have had drastic impacts on local health department programs. When the State Core Funding dollars are cut, the fiscal condition of local health departments is further threatened because the amount of required match from local jurisdictions is also reduced. In better economic times, local jurisdictions have had the ability to make up the difference when State Core Funding Program funds have been cut. Today, however, most local jurisdictions are also experiencing fiscal constraints, and State reductions are often compounded by cuts from local jurisdictions.

During FY 2009 and FY 2010, one-time-only federal funding allowed local health departments to respond to the H1N1 emergency, temporarily preventing staffing reductions. The federal funding was critical in maintaining capacity during Maryland's public health emergency response. Once the H1N1 funding ran out, layoffs were inevitable for most local health departments. Given the Core Funding Program reductions and lack of federal funding, Maryland's public health system's capacity to effectively respond to future public health emergencies is threatened.

Local health departments use State and local Core Funding to support essential public health services such as disease outbreak investigations and food service facility inspections. Many of these essential public health services are not supported by grant funds from the State or federal government, and in some cases local health departments are prohibited from charging fees for performing these services. Core Funding is essential for maintaining these important services, and under a reformed health care system, LHDs will remain responsible for performing these essential services.

The budgetary changes made by the local health departments in response to reductions made during fiscal years 2009, 2010 and 2011 are presented in Appendices A, B and C. Data are derived from proposed and revised budget plans submitted to DHMH by the local health departments. The data show that reductions to the Core Funding program resulted in reductions to all seven service areas, with the most drastic reductions occurring in Administration and Communication services and Maternal and Child Health services. Appendix A shows the totals of State Core Funding allotted by the local health departments to each of the seven Core Funding Program service areas. The bar chart demonstrates the changes in the dollar amounts to each service area from 2009 - 2011. Appendix B shows State funding amounts for each service area as a percent of total Core Funding, and the bar chart shows the percent of State Core dollars allotted by the local health departments to each of the seven Core Funding service areas. In Appendix C, dollar figures from proposed and revised budget plans are listed by local jurisdiction and service area for fiscal years 2009 – 2011. The last column of the table in Appendix C shows the percentage difference in the funding of the service areas between FY 2009 and FY 2011.

Programmatic Changes made in Response to Reductions to Core Funding Program

The following is a list of examples of programmatic and budgetary changes that local health departments made as a result of reductions in fiscal years 2009, 2010 and 2011 by Core Funding

Program service area. These examples were selected to show the breadth of the changes adopted by local health departments and are indicative of the programmatic impact of budget reductions.

Maternal and Child Health Services

Funding allocated to this service area supports services such as home visiting and clinical services for pregnant women, school health services, teen pregnancy prevention, home visits for children with developmental delays and services for children with special health care needs. Cecil County Health Department has stopped visits to private schools for hearing and vision testing (parents must bring their children to the LHD if they want the testing); decreased contacts with children that do not have blood lead certificates; and reduced home visiting services for pregnant women and for mothers and their children. Anne Arundel County Health Department is double booking pediatric dental clients, has reduced home visiting for high-risk pregnant women, serving fewer children with emotional disabilities, and has a higher student to staff ratio in school health programs. Howard County Health Department closed its maternity clinic and capped enrollment in the Options Program, a support group for pre and parenting teens and young adults. Wicomico County Health Department reduced funding for maternal and child health services by 40%. Prince George's County Health Department reduced the number of home visits to high risk pregnant women and newborns; lost a Spanish interpreter; reduced Medicaid eligibility staff in the Regional Access Centers which resulted in the reduction of the agency's ability to conduct assessments and provide referrals to the Healthy Families program and eliminated the Medical Social Work Program.

Communicable Disease Services

Funding allocated in this service area supports the prevention and control of communicable diseases such as flu, rabies, and infectious meningitis. It also supports food-borne outbreak investigation, child and adult immunization, TB and STI treatment. Reductions in funding have reduced the hours for clinical services and the number of services available on a walk in basis in Cecil County Health Department; reduced the nursing workforce for disease reporting in Anne Arundel County Health Department; decreased emergency response capacity in Howard County Health Department; reduced monitoring of latent TB cases in Montgomery County Health Department; and reduced rabies-related programs in multiple counties. Reductions eliminated head lice checks at the Cecil County Health Department and closed the HIV clinic and eliminated HIV/AIDS case management services at the Howard County Health Department. Frederick and Montgomery Counties will no longer provide school based vaccinations and other counties are reducing the level of services provided to the school community. Prince George's County Health Department reduced the number of clients seen in the STD and Communicable Disease clinics due to the loss of funding for staff.

Environmental Health Services

Funding allocated in this service area supports services such as water and sewer inspections, food service facility inspections, and hazard and nuisance control. Budget reductions have caused many counties like Cecil and Frederick to defer hiring into vacant sanitarian positions. This has resulted in longer response times for many environmental health functions including restaurant inspections and site plan reviews. The Cecil County Health Department also no longer conducts water sampling for alternate living programs, group homes, daycare facilities, foster

care and adoptive homes. In Anne Arundel County Health Department reductions have resulted in delays and reductions in well water testing and inspections, delays and reductions in food safety and housing inspections, reductions in consulting for rabies and other zoonotic diseases, and reductions in septic system compliance reporting. Howard County Health Department has reduced two positions in the program responsible for rabies prevention, pool inspection, safe drinking water, housing, and complaint investigation, and reduced one position in the food safety program.

Family Planning Services

Funding allocated in this service area supports services that provide comprehensive sexual health and contraceptive care to women of child bearing age. Reductions in funding have decreased walk-in family planning services and restricted hours for clinical services in many jurisdictions. Cecil County Health Department has completely eliminated pregnancy testing as a stand-alone service. Howard County Health Department has reduced family planning service capacity by 10%.

The fiscal year 2009 reduction to Core Local Health Services funding program resulted in a significant cut to family planning services in Wicomico County Health Department, including the loss of two nurse positions, half of a nurse practitioner position, and one office clerk position. The loss of these positions has resulted in an approximately 40% reduction of services and has increased appointment wait time. Wicomico County Health Department has experienced an increase in demand for family planning services, but has had to limit their focus to clients 25 years and younger since they are less likely to be compliant with their reproductive health care. Staff members are attempting to assist older clients in finding other sources of reproductive health care.

Adult Health and Geriatric Health Services

Funding allocated in this area supports services such as assessment of the elderly to prevent nursing home stays, personal care programs, and chronic disease screening. Queen Anne's County Health Department is one of three counties in the State that oversees an Adult Day Care Center. Queen Anne's local health department reduced their support of the Center due to the Core Funding reductions. Howard County Health Department cut 1.5 positions from its geriatric health services program meaning fewer elderly will receive services designed to prevent institutionalization. In Prince George's County, the health department eliminated diabetes educational sessions and screening services.

Wellness Promotion Services

Funding allocated in this service area supports tobacco prevention and cessation, nutrition education, chronic disease prevention, cardiovascular disease prevention, injury prevention, and breast and cervical cancer screening. This service area has been most affected by the last three years of budget reductions despite the fact that these services respond to the major causes of premature death and disability. Sources of funding for health education and wellness programs have been reduced or eliminated completely at a time when these services are critical to the health and well being of the communities local health departments serve. For example, in a

jurisdiction with higher rates of heart disease and cancer deaths when compared to the State, Cecil County Health Department eliminated “5 A Day” educational presentations, decreased considerably the number of breast cancer screening presentations, eliminated blood pressure screening services, and despite an increase in the number of women who smoke during pregnancy, has had to decrease cessation services for pregnant women due to funding reductions. Queen Anne’s County Health Department eliminated its one health educator position, an important role in a rural community, and it is no longer able to accommodate numerous requests for public presentations on health issues. Anne Arundel County Health Department reduced cancer prevention presentations to minority communities, reduced health promotion activities and reduced cancer screening outreach. Calvert County Health Department eliminated an adolescent health coordinator position. This individual was working with teens, parents, and schools to prevent teen pregnancy and also participated in on-call crisis response. Hours were reduced for outreach and education in domestic violence/sexual assault crisis counseling, juvenile anger management classes, an anger management group at the Detention Center, and a women’s trauma group at the Detention Center.

Administration and Communication Services

Funding in this service area supports budget and fiscal planning, personnel services, computer and network services, media relations, risk communication, health planning, including community needs assessments, and provision of birth and death certificates. Many health departments, including Frederick and Cecil, have experienced computer and network problems and slow-downs. Network slow-downs affect the ability of employees to serve clients in a timely manner. Administration cutbacks result in delays in billing and posting of accounts, reduced oversight of leases and purchasing, reduced mailroom services, and reductions in website maintenance and support. Emergency response capacity is also reduced.

Staff Changes made in Response to Reductions in the Core Funding Program

A survey of the number of local health department positions reduced in response to Core Funding Program reductions was conducted in February 2010 and has been recently updated. The data show that 449 local health department merit and contractual positions were eliminated during fiscal years 2009, 2010 and 2011. A chart showing the Core Funding service areas from which the reduced positions were taken can be found in Appendix D. The greatest percentage of reductions came to positions in Administration and Communication services.

In addition to the reductions mentioned in the previous section, below are some specific examples of how staff reductions have affected programs:

- At Cecil County Health Department, the elimination of a vacant Nursing Supervisor position, a vacant 50% Office Secretary position, and the loss of a Health Records Technician position, contributed to service reductions in maternal and child health, communicable disease and family planning.
- Beginning in late FY 09 and during FY 10, Calvert County Health Department laid off seven full-time employees and did not fill three vacated positions, for a total loss of ten

positions; the remaining vacant positions were filled with special payment employees or consultants.

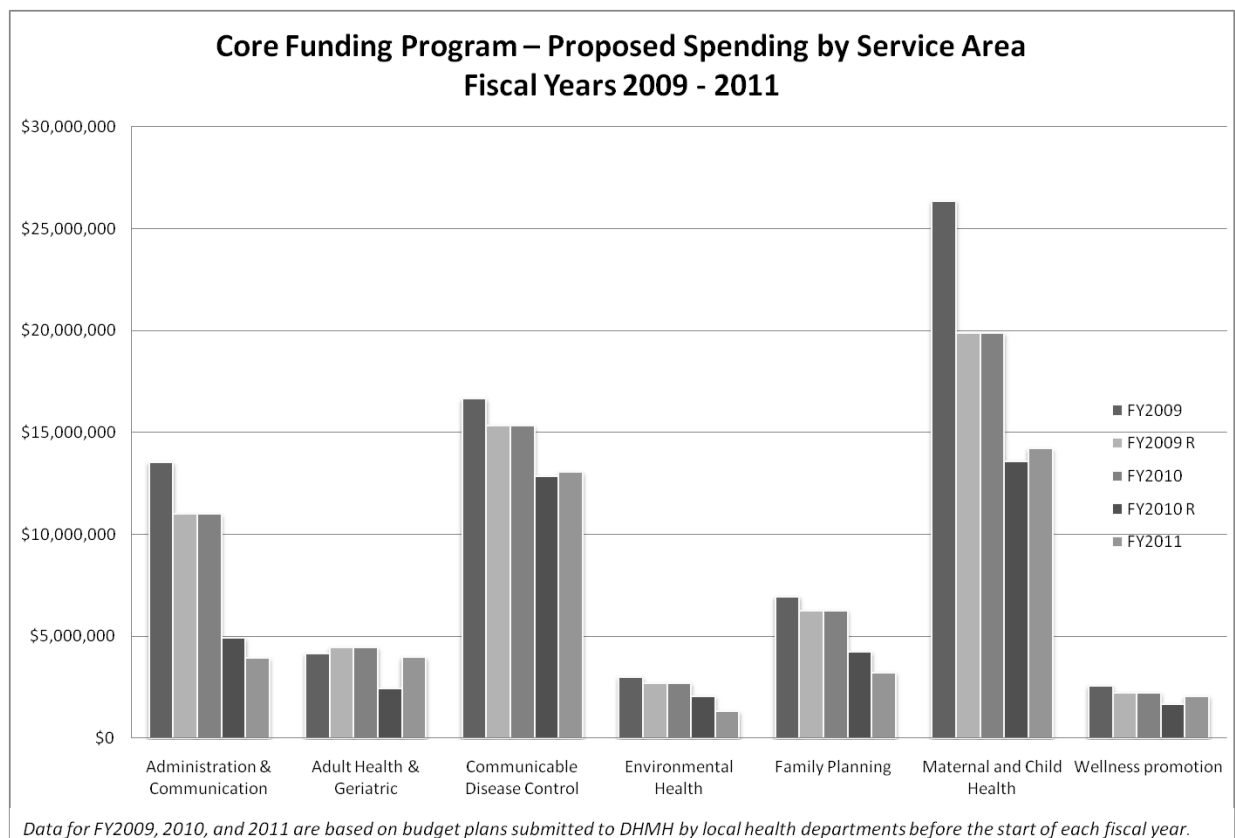
- In FY 09 and FY 10, Howard County Health Department had thirty-nine vacant and unfunded positions, including Community Health Nurses and Supervisors, Sanitarians, Epidemiologists, Program Managers and Planners, Health Educators, Social Workers and Supervisors and Addictions Counselors and Supervisors.

Conclusion

Maryland has a proud history of State-local partnership for delivery of public health services. The significant funding reductions made to local health departments require innovation and agility on the part of public health leaders. State and local leaders have worked closely together to maintain essential, high quality public health services for the benefit of the public in these difficult fiscal times, and are committed to reviewing, planning and implementing sound, evidence-based public health services. We hope that this report provides a concise and compelling overview of the important role of public health in protecting and improving the health of all Marylanders.

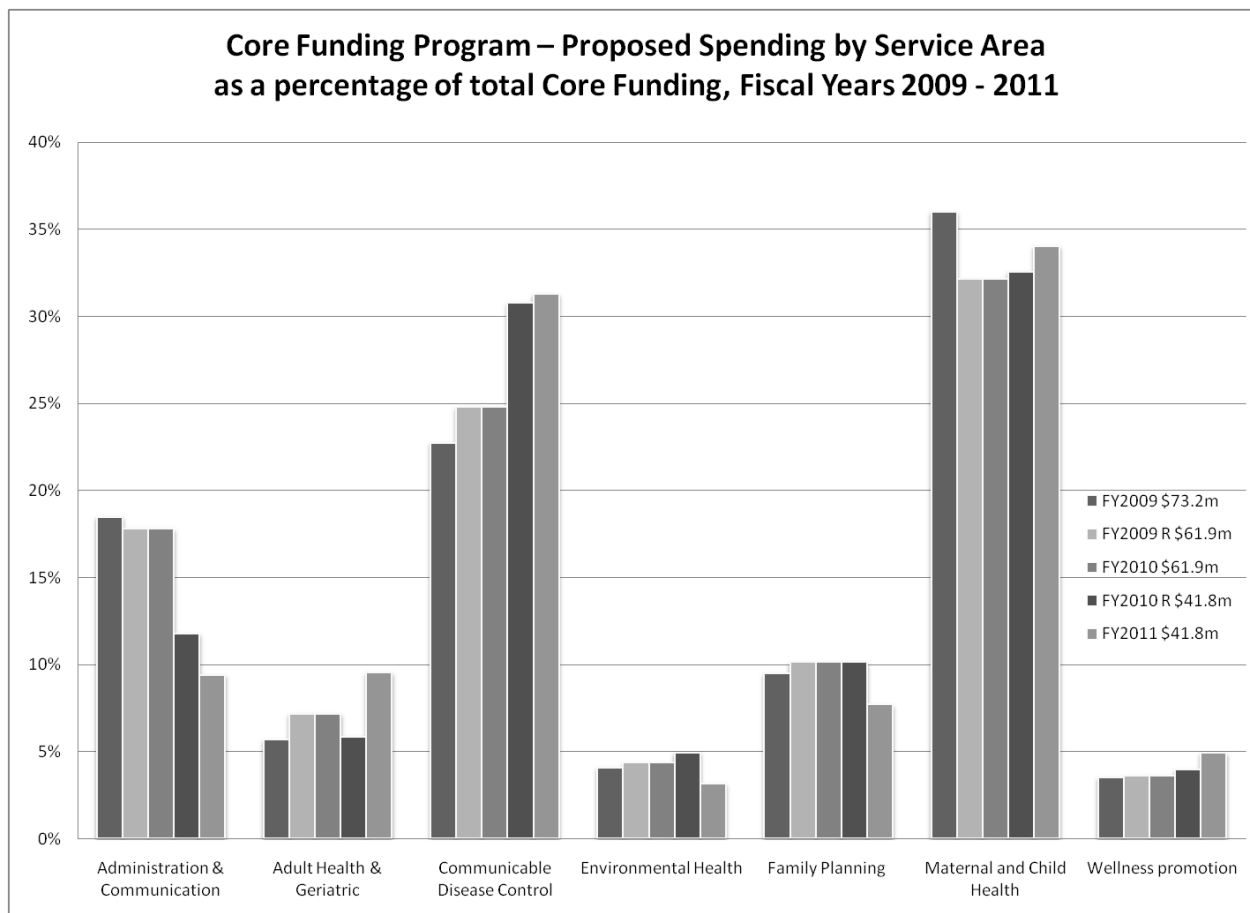
Appendix A

| Core Funding Program – Proposed Spending by Service Area Fiscal Years 2009 - 2011 | | | | | |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|
| Core Funding Service Area | FY2009 Original | FY2009 Reduced | FY2010 Original | FY2010 Reduced | FY2011 |
| Administration & Communication | \$13,536,726 | \$10,999,807 | \$10,999,807 | \$4,913,340 | \$3,927,147 |
| Adult Health & Geriatric | \$4,160,264 | \$4,446,082 | \$4,446,082 | \$2,452,048 | \$3,984,358 |
| Communicable Disease Control | \$16,662,02 | \$15,323,66 | \$15,323,66 | \$12,854,47 | \$13,060,79 |
| Environmental Health | \$2,992,715 | \$2,707,108 | \$2,707,108 | \$2,069,727 | \$1,315,040 |
| Family Planning | \$6,955,842 | \$6,264,938 | \$6,264,938 | \$4,235,160 | \$3,215,349 |
| Maternal and Child Health | \$26,373,23 | \$19,877,40 | \$19,877,40 | \$13,600,84 | \$14,213,50 |
| Wellness promotion | \$2,572,544 | \$2,233,191 | \$2,233,191 | \$1,650,891 | \$2,060,296 |
| Total | \$73,253,355 | \$61,852,203 | \$61,852,203 | \$41,776,484 | \$41,776,484 |



Appendix B

| Core Funding Program – Proposed Spending by Service Area as a percentage of total Core Funding, Fiscal Years 2009 - 2011 | | | | | |
|---|-------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------|
| Core Funding Service Area | FY2009 Original \$73.2m | FY2009 Reduced \$61.9m | FY2010 Original \$61.9m | FY 2010 Reduced \$41.8m | FY2011 \$41.8m |
| Administration & Communication | 18% | 18% | 18% | 12% | 9% |
| Adult Health & Geriatric | 6% | 7% | 7% | 6% | 10% |
| Communicable Disease Control | 23% | 25% | 25% | 31% | 31% |
| Environmental Health | 4% | 4% | % | 5% | 3% |
| Family Planning | 9% | 10% | 10% | 10% | 8% |
| Maternal and Child Health | 36% | 32% | 32% | 33% | 34% |
| Wellness promotion | 4% | 4% | 4% | 4% | 5% |
| Total | 100% | 100% | 100% | 100% | 100% |



Appendix C

Core Funding Program – Proposed Spending by Core Funding Service Area and Jurisdiction Fiscal Years 2009 – 2011

| COUNTY | Core Funding Service Area | FY2009 Original | FY2009 Reduced | FY2010 Original | FY2010 Reduced | FY2011 | Percent change (FY09- FY11/ FY09) |
|-----------------------------|----------------------------------|---------------------|---------------------|---------------------|--------------------|--------------------|--|
| Allegany | Administration and Communication | \$0 | \$27,017 | \$27,017 | -\$88,300 | \$0 | ** |
| | Adult & Geriatric Health | \$297,486 | \$215,013 | \$215,013 | \$146,440 | \$141,472 | * -52% |
| | Communicable Disease Control | \$323,800 | \$296,051 | \$296,051 | \$165,730 | \$171,336 | -47% |
| | Environmental Health | \$762,160 | \$631,870 | \$631,870 | \$497,568 | \$449,498 | -41% |
| | Family Planning | \$122,621 | \$122,754 | \$122,754 | \$118,005 | \$87,117 | -29% |
| | Maternal and Child Health | \$200,601 | \$164,004 | \$164,004 | \$127,955 | \$117,975 | -41% |
| Allegany Total | | \$1,706,668 | \$1,456,709 | \$1,456,709 | \$967,398 | \$967,398 | -43% |
| Anne Arundel | Administration and Communication | \$597,787 | \$571,330 | \$571,330 | \$344,626 | \$344,626 | -42% |
| | Adult & Geriatric Health | \$1,333,300 | \$1,202,573 | \$1,202,573 | \$654,100 | \$844,100 | * -37% |
| | Communicable Disease Control | \$1,665,250 | \$1,395,800 | \$1,395,800 | \$1,330,400 | \$1,140,400 | -32% |
| | Environmental Health | \$515,800 | \$422,940 | \$422,940 | \$157,000 | \$157,000 | -70% |
| | Maternal and Child Health | \$988,400 | \$744,233 | \$744,233 | \$461,700 | \$461,700 | -53% |
| | Wellness promotion | \$1,075,900 | \$878,070 | \$878,070 | \$575,300 | \$575,300 | -47% |
| Anne Arundel Total | | \$6,176,437 | \$5,214,946 | \$5,214,946 | \$3,523,126 | \$3,523,126 | -43% |
| Baltimore CITY | Administration and Communication | \$2,351,106 | \$1,931,477 | \$1,931,477 | \$0 | \$0 | -100% |
| | Adult & Geriatric Health | \$528,358 | \$1,556,253 | \$1,556,253 | \$1,051,745 | \$1,051,745 | * 99% |
| | Communicable Disease Control | \$2,961,847 | \$2,897,434 | \$2,897,434 | \$2,705,365 | \$2,705,365 | -9% |
| | Family Planning | \$300,030 | \$0 | \$0 | \$0 | \$0 | -100% |
| | Maternal and Child Health | \$6,965,917 | \$4,681,170 | \$4,681,170 | \$3,714,968 | \$3,714,968 | -47% |
| Baltimore CITY Total | | \$13,107,258 | \$11,066,334 | \$11,066,334 | \$7,472,078 | \$7,472,078 | -43% |

| COUNTY | Core Funding Service Area | FY2009 Original | FY2009 Reduced | FY2010 Original | FY2010 Reduced | FY2011 | Percent change (FY09- FY11/ FY09) |
|-------------------------------|----------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---|
| Baltimore County | Administration and Communication | \$1,096,328 | \$0 | \$0 | \$0 | \$0 | -100% |
| | Adult & Geriatric Health | \$190,560 | \$0 | \$0 | \$0 | \$706,397 * | 8% |
| | Communicable Disease Control | \$1,875,689 | \$2,307,599 | \$2,307,599 | \$1,629,542 | \$1,438,445 | -23% |
| | Family Planning | \$1,826,200 | \$1,776,397 | \$1,776,397 | \$1,327,359 | \$997,359 | -45% |
| | Maternal and Child Health | \$3,623,450 | \$3,156,831 | \$3,156,831 | \$1,967,328 | \$1,782,028 | -53% |
| Baltimore County Total | | \$8,612,227 | \$7,240,827 | \$7,240,827 | \$4,924,229 | \$4,924,229 | -43% |
| Calvert | Administration and Communication | \$505,930 | \$417,874 | \$417,874 | \$218,744 | \$315,400 | -38% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$32,000 * | ** |
| | Family Planning | \$249,170 | \$214,200 | \$214,200 | \$214,200 | \$85,544 | -66% |
| Calvert Total | | \$755,100 | \$632,074 | \$632,074 | \$432,944 | \$432,944 | -43% |
| Caroline | Administration and Communication | \$385,744 | \$391,286 | \$391,286 | \$294,744 | \$260,845 | -32% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$30,710 * | ** |
| | Communicable Disease Control | \$258,790 | \$215,447 | \$215,447 | \$223,251 | \$274,012 | 6% |
| | Maternal and Child Health | \$354,875 | \$248,662 | \$248,662 | \$47,572 | \$0 | -100% |
| Caroline Total | | \$999,409 | \$855,395 | \$855,395 | \$565,567 | \$565,567 | -43% |
| Carroll | Administration and Communication | \$516,001 | \$433,697 | \$433,697 | \$143,768 | \$143,768 | -72% |
| | Adult & Geriatric Health | \$106,476 | \$104,183 | \$104,183 | \$83,124 | \$108,979 * | 2% |
| | Communicable Disease Control | \$530,156 | \$402,643 | \$402,643 | \$270,982 | \$270,982 | -49% |
| | Environmental Health | \$68,314 | \$0 | \$0 | \$0 | \$0 | -100% |
| | Maternal and Child Health | \$767,327 | \$687,540 | \$687,540 | \$528,663 | \$502,808 | -34% |
| | Wellness promotion | \$380,593 | \$382,441 | \$382,441 | \$320,585 | \$320,585 | -16% |
| Carroll Total | | \$2,368,867 | \$2,010,504 | \$2,010,504 | \$1,347,122 | \$1,347,122 | -43% |
| Cecil | Administration and Communication | \$622,534 | \$523,361 | \$523,361 | \$351,185 | \$228,979 | -63% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$34,214 * | ** |
| | Communicable Disease Control | \$402,848 | \$316,132 | \$316,132 | \$212,131 | \$206,873 | -48% |
| | Family Planning | \$129,165 | \$169,248 | \$169,248 | \$113,569 | \$136,221 | 5% |
| | Maternal and Child Health | \$137,212 | \$85,758 | \$85,758 | \$57,545 | \$79,625 | -42% |
| | Wellness promotion | \$264,577 | \$225,369 | \$225,369 | \$151,227 | \$200,105 | -24% |
| Cecil Total | | \$1,556,336 | \$1,319,868 | \$1,319,868 | \$885,657 | \$885,657 | -43% |

| COUNTY | Core Funding Service Area | FY2009 Original | FY2009 Reduced | FY2010 Original | FY2010 Reduced | FY2011 | Percent change (FY09- FY11/ FY09) |
|-------------------------|----------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|---|
| Charles | Administration and Communication | \$362,954 | \$379,661 | \$379,661 | \$320,247 | \$318,256 | -12% |
| | Adult & Geriatric Health | \$135,029 | \$135,783 | \$135,783 | \$62,909 | \$173,462 | * 28% |
| | Communicable Disease Control | \$517,398 | \$458,627 | \$458,627 | \$338,300 | \$391,420 | -24% |
| | Environmental Health | \$315,817 | \$281,952 | \$281,952 | \$160,300 | \$88,945 | -72% |
| | Family Planning | \$206,440 | \$199,935 | \$199,935 | \$60,210 | \$0 | -100% |
| | Maternal and Child Health | \$396,522 | \$181,379 | \$181,379 | \$159,856 | \$129,739 | -67% |
| Charles Total | | \$1,934,160 | \$1,637,337 | \$1,637,337 | \$1,101,822 | \$1,101,822 | -43% |
| Dorchester | Administration and Communication | \$50,442 | \$18,169 | \$18,169 | -\$89,487 | -\$80,129 | -100% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$44,400 | * ** |
| | Communicable Disease Control | \$87,143 | \$123,944 | \$123,944 | \$89,693 | \$63,323 | -27% |
| | Environmental Health | \$421,717 | \$453,319 | \$453,319 | \$403,697 | \$392,660 | -7% |
| | Family Planning | \$12,478 | \$3,107 | \$3,107 | -\$172 | \$0 | -100% |
| | Maternal and Child Health | \$191,132 | \$75,955 | \$75,955 | \$40,251 | \$36,801 | -81% |
| | Wellness promotion | \$43,198 | \$13,405 | \$13,405 | \$13,073 | \$0 | -100% |
| Dorchester Total | | \$806,110 | \$687,899 | \$687,899 | \$457,055 | \$457,055 | -43% |
| Frederick | Administration and Communication | \$406,177 | \$92,715 | \$92,715 | \$13,123 | \$341,220 | -16% |
| | Adult & Geriatric Health | \$284,015 | \$283,370 | \$283,370 | \$283,370 | \$49,950 | -82% |
| | Communicable Disease Control | \$478,242 | \$479,553 | \$479,553 | \$370,763 | \$680,540 | 42% |
| | Environmental Health | \$364,298 | \$311,828 | \$311,828 | \$311,828 | \$0 | -100% |
| | Family Planning | \$1,071,834 | \$1,002,748 | \$1,002,748 | \$439,139 | \$0 | -100% |
| | Maternal and Child Health | \$316,122 | \$306,379 | \$306,379 | \$244,131 | \$185,144 | -41% |
| | Wellness promotion | \$0 | \$0 | \$0 | \$0 | \$405,500 | ** |
| Frederick Total | | \$2,920,688 | \$2,476,593 | \$2,476,593 | \$1,662,354 | \$1,662,354 | -43% |
| Garrett | Administration and Communication | \$356,616 | \$288,633 | \$288,633 | \$170,077 | \$136,500 | -62% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$33,577 | * ** |
| | Maternal and Child Health | \$87,287 | \$76,331 | \$76,331 | \$50,534 | \$50,534 | -42% |
| | Wellness promotion | \$370,921 | \$331,933 | \$331,933 | \$240,762 | \$240,762 | -35% |
| Garrett Total | | \$814,824 | \$696,897 | \$696,897 | \$461,373 | \$461,373 | -43% |
| Harford | Administration and Communication | \$1,099,494 | \$611,552 | \$611,552 | \$21,573 | -\$16,603 | -100% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$99,900 | * ** |

| COUNTY | Core Funding Service Area | FY2009 Original | FY2009 Reduced | FY2010 Original | FY2010 Reduced | FY2011 | Percent change (FY09- FY11/ FY09) |
|------------------------------|----------------------------------|---------------------|--------------------|--------------------|--------------------|--------------------|--|
| | Communicable Disease Control | \$918,450 | \$932,232 | \$932,232 | \$886,216 | \$886,216 | -4% |
| | Family Planning | \$773,856 | \$843,029 | \$843,029 | \$740,558 | \$777,354 | 0% |
| | Maternal and Child Health | \$566,866 | \$460,397 | \$460,397 | \$263,121 | \$164,781 | -68% |
| Harford Total | | \$3,358,666 | \$2,847,210 | \$2,847,210 | \$1,911,648 | \$1,911,648 | -43% |
| Howard | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$50,000 | \$50,000 | * ** |
| | Communicable Disease Control | \$487,153 | \$563,217 | \$563,217 | \$500,581 | \$500,581 | 3% |
| | Family Planning | \$596,838 | \$531,596 | \$531,596 | \$296,066 | \$296,066 | -50% |
| | Maternal and Child Health | \$1,165,081 | \$815,604 | \$815,604 | \$398,835 | \$398,835 | -66% |
| | Wellness promotion | \$179,999 | \$132,511 | \$132,511 | \$143,177 | \$143,177 | -20% |
| Howard Total | | \$2,429,071 | \$2,042,928 | \$2,042,928 | \$1,388,659 | \$1,388,659 | -43% |
| Kent | Administration and Communication | \$328,541 | \$260,836 | \$260,836 | \$107,563 | \$139,617 | -58% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$8,365 | * ** |
| | Communicable Disease Control | \$232,487 | \$217,462 | \$217,462 | \$209,832 | \$172,295 | -26% |
| | Family Planning | \$59,730 | \$53,718 | \$53,718 | \$33,729 | \$30,847 | -48% |
| Kent Total | | \$620,758 | \$532,016 | \$532,016 | \$351,124 | \$351,124 | -43% |
| Montgomery | Communicable Disease Control | \$1,246,945 | \$1,208,315 | \$1,208,315 | \$835,354 | \$892,813 | -28% |
| | Maternal and Child Health | \$5,022,990 | \$4,016,447 | \$4,016,447 | \$2,766,119 | \$2,708,658 | -46% |
| Montgomery Total | | \$6,269,935 | \$5,224,762 | \$5,224,762 | \$3,601,473 | \$3,601,473 | -43% |
| Prince George's | Administration and Communication | \$1,306,669 | \$1,983,800 | \$1,983,800 | \$1,141,547 | \$0 | -100% |
| | Adult & Geriatric Health | \$1,285,040 | \$948,907 | \$948,907 | \$120,360 | \$308,430 | * -76% |
| | Communicable Disease Control | \$3,347,860 | \$2,393,513 | \$2,393,513 | \$2,255,673 | \$2,395,368 | -28% |
| | Environmental Health | \$268,933 | \$323,361 | \$323,361 | \$312,814 | \$0 | -100% |
| | Maternal and Child Health | \$3,792,011 | \$2,760,482 | \$2,760,482 | \$1,883,562 | \$3,010,158 | -21% |
| Prince George's Total | | \$10,000,513 | \$8,410,063 | \$8,410,063 | \$5,713,956 | \$5,713,956 | -43% |
| Queen Anne's | Administration and Communication | \$502,990 | \$409,365 | \$409,365 | \$261,337 | \$235,061 | -53% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$5,867 | * ** |
| | Communicable Disease Control | \$76,964 | \$47,191 | \$47,191 | \$17,269 | \$17,413 | -77% |
| | Environmental Health | \$6,440 | \$6,440 | \$6,440 | \$6,440 | \$6,440 | 0% |
| | Family Planning | \$60,734 | \$63,892 | \$63,892 | \$34,546 | \$54,773 | -10% |
| | Maternal and Child Health | \$148,060 | \$149,788 | \$149,788 | \$132,145 | \$132,183 | -11% |

| COUNTY | Core Funding Service Area | FY2009 Original | FY2009 Reduced | FY2010 Original | FY2010 Reduced | FY2011 | Percent change (FY09- FY11/ FY09) |
|---------------------------|----------------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--|
| Queen Anne's Total | | \$795,188 | \$676,676 | \$676,676 | \$451,737 | \$451,737 | -43% |
| Saint Mary's | Administration and Communication | \$364,093 | \$330,283 | \$330,283 | \$231,061 | \$195,896 | -46% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$50,000 | * ** |
| | Communicable Disease Control | \$299,750 | \$268,208 | \$268,208 | \$127,377 | \$146,352 | -51% |
| | Environmental Health | \$234,411 | \$241,997 | \$241,997 | \$220,080 | \$220,497 | -6% |
| | Family Planning | \$277,394 | \$144,723 | \$144,723 | \$119,196 | \$107,820 | -61% |
| | Maternal and Child Health | \$314,229 | \$290,019 | \$290,019 | \$142,129 | \$142,245 | -55% |
| | Wellness promotion | \$56,528 | \$39,706 | \$39,706 | \$39,706 | \$16,739 | -70% |
| Saint Mary's Total | | \$1,546,405 | \$1,314,936 | \$1,314,936 | \$879,549 | \$879,549 | -43% |
| Somerset | Administration and Communication | \$264,419 | \$234,027 | \$234,027 | \$175,702 | \$108,152 | -59% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$77,700 | * ** |
| | Communicable Disease Control | \$210,690 | \$173,248 | \$173,248 | \$77,796 | \$71,633 | -66% |
| | Environmental Health | \$34,825 | \$33,401 | \$33,401 | \$0 | \$0 | -100% |
| | Family Planning | \$190,246 | \$180,885 | \$180,885 | \$121,133 | \$125,476 | -34% |
| | Wellness promotion | \$99,887 | \$62,092 | \$62,092 | \$77,815 | \$69,485 | -30% |
| Somerset Total | | \$800,067 | \$683,653 | \$683,653 | \$452,446 | \$452,446 | -43% |
| Talbot | Administration and Communication | \$222,310 | \$192,937 | \$192,937 | \$42,519 | \$48,146 | -78% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$17,500 | * ** |
| | Communicable Disease Control | \$297,907 | \$279,171 | \$279,171 | \$300,191 | \$263,059 | -12% |
| | Maternal and Child Health | \$105,950 | \$60,581 | \$60,581 | \$12,984 | \$26,989 | -75% |
| Talbot Total | | \$626,167 | \$532,689 | \$532,689 | \$355,694 | \$355,694 | -43% |
| Washington | Administration and Communication | \$1,267,870 | \$1,207,389 | \$1,207,389 | \$808,883 | \$808,883 | -36% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$12,292 | ** |
| | Family Planning | \$375,188 | \$376,624 | \$376,624 | \$253,503 | \$253,503 | -32% |
| | Maternal and Child Health | \$982,450 | \$651,020 | \$651,020 | \$428,867 | \$416,575 | -58% |
| Washington Total | | \$2,625,508 | \$2,235,033 | \$2,235,033 | \$1,491,253 | \$1,491,253 | -43% |
| Wicomico | Administration and Communication | \$303,897 | \$212,650 | \$212,650 | \$167,692 | \$110,444 | -64% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$78,440 | * ** |
| | Communicable Disease Control | \$442,657 | \$347,881 | \$347,881 | \$308,027 | \$344,331 | -22% |
| | Family Planning | \$703,918 | \$582,082 | \$582,082 | \$327,323 | \$263,269 | -63% |

| COUNTY | Core Funding Service Area | FY2009 Original | FY2009 Reduced | FY2010 Original | FY2010 Reduced | FY2011 | Percent change (FY09- FY11/ FY09) |
|------------------------|----------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--|
| | Maternal and Child Health | \$251,464 | \$223,918 | \$223,918 | \$131,782 | \$138,943 | -45% |
| | Wellness promotion | \$100,941 | \$167,664 | \$167,664 | \$89,246 | \$88,643 | -12% |
| Wicomico Total | | \$1,802,877 | \$1,534,195 | \$1,534,195 | \$1,024,070 | \$1,024,070 | -43% |
| Worcester | Administration and Communication | \$579,318 | \$481,861 | \$481,861 | \$313,352 | \$288,086 | -46% |
| | Adult & Geriatric Health | \$0 | \$0 | \$0 | \$0 | \$24,858 | * |
| | Maternal and Child Health | \$40,798 | \$40,798 | \$40,798 | \$40,798 | \$41,206 | 1% |
| Worcester Total | | \$620,116 | \$522,659 | \$522,659 | \$354,150 | \$354,150 | -43% |
| Grand Total | | \$73,253,355 | \$61,852,203 | \$61,852,203 | \$41,776,484 | \$41,776,484 | -43% |

Data for fiscal years 2009, 2010, and 2011 are based on budget plans and updates submitted to DHMH by local health departments.

** Increases in Adult & Geriatric Health in FY 2011 are due a change to Medical Assistance Personal Care Case Management requirement effective July 1, 2010. State match for the program must be shown in the Core Funding Program.*

*** percentage change cannot be calculated due to zeros in FY09*

Appendix D

**LHD Positions (FTEs) Reduced due to Core Funding Reductions
by Service Area, Fiscal Years 2009 - 2011**

